

FILED FEB 2 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 889

BIRTH NO. _____		REG. DIST. NO. 121		PRIMARY REG. DIST. NO. 4200		Registrar's No. 21	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ash Grove</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ash Grove</u> 0390			
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) <u>EDNA</u>		a. (First) <u>WINONA</u>		b. (Middle) <u>SIMMONS</u>		c. (Last) _____	
4. DATE OF DEATH (Month) (Day) (Year) <u>January 23, 1951</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>December 8, 1889</u>		9. AGE (in years last birthday) <u>61</u>		10. MONTH <u>1</u>		11. DAY <u>15</u>	
10a. USUAL OCCUPATION (Give kind of work during the most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>South Dakota</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Oscar Hurd</u>		13b. MOTHER'S MAIDEN NAME <u>Guick</u>		14. NAME OF HUSBAND OR WIFE <u>John W. Simmons</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>John W. Simmons</u>		18. ADDRESS <u>Ash Grove Mo</u>		19. MEDICAL CERTIFICATION	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs</u>	
II. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Diabetes mellitus</u>  DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>260X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>Dec. 15, 1950</u> , to <u>Jan. 23, 1951</u> , that I last saw the deceased alive on <u>1/20</u> , 1951, and that death occurred at <u>8:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. B. Lammon</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Springfield, Mo.</u>		23c. DATE SIGNED <u>1/24/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 28, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ash Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ash Grove Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1/29/51</u>		REGISTRAR'S SIGNATURE <u>Frederic G. Wilson</u>		FEDERAL DIRECTOR'S SIGNATURE <u>Chas. F. ...</u>		ADDRESS <u>Ash Grove Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Reano County Health Office,

County File Number 51-1-5

Date Filed 1-31-51

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No. ....  
working under my personal supervision.

Signed.....  
Student Embalmer

Signed Warren D. Noblett

Licensed Embalmer No. 4005

P. O. Address 1011 1/2 Ave Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.